

216

PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|---|--------|--|----------|
| 1. County of | Gila, | BUREAU OF VITAL STATISTICS | |
| District of | Globe, | ORIGINAL CERTIFICATE OF BIRTH | |
| Town of | | State Index No. | 172 |
| or | | County Registrar No. | 524 |
| City of | Globe, | Local Registrar No. | |
| | | No. | St. Ward |
| | | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | |
| 2. Full name of child | | Rose Celia Wearne, | |
| 3. Sex of Child | | 6. Legitimate? | |
| Female, | | Yes, | |
| To be answered ONLY in event of plural births. | | 7. Date of birth | |
| | | 10 28 1924 | |
| | | Month day year | |
| 8. FATHER | | 14. MOTHER | |
| Full name | | Full maiden name | |
| Nicholas T. Wearne, | | Ida M. Wills. | |
| 9. Residence | | 15. Residence | |
| (Usual place of abode) | | (Usual place of abode) | |
| Globe, | | Globe, | |
| If nonresident, give place and state | | If nonresident, give place and state | |
| 10. Color or race | | 16. Color or race | |
| White | | White | |
| 11. Age at last birthday | | 17. Age at last birthday | |
| 27 (Years) | | 26 (Years) | |
| 12. Birthplace (city or place) | | 18. Birthplace (city or place) | |
| Central City, | | England, | |
| (State or country) | | (State or country) | |
| Colo. | | | |
| 13. Occupation | | 19. Occupation | |
| Nature of industry | | Nature of industry | |
| Miner, | | Housewife, | |
| 20. Number of children of this mother | | 21. Were precautions taken against ophthalmia neonatorum? | |
| (Taken as of time of birth of child herein certified and including this child.) | | Yes, | |
| (a) Born alive and now living | | | |
| (b) Born alive but now dead | | | |
| (c) Stillborn | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| Signature | | | |
| H. E. Wagoner | | | |
| (Physician or midwife) | | | |
| Address | | | |
| Globe, Ariz. | | | |
| Given name added from a supplemental report | | | |
| Month, day, year. | | | |
| Filed 11-1-1924 | | | |
| Filed 11-5-1924 | | | |
| County Registrar. | | | |

965-1028-962